

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

SHAQUAN BUTLER,

Plaintiff,

-against-

CHRISTOPHER YOUNG, et al.,

Defendants.

23-CV-455 (AS)

ORDER

ARUN SUBRAMANIAN, United States District Judge:

If plaintiff Shaquan Butler is interested in having the Court request that an attorney volunteer to represent him, he should fill out and return the attached form.

SO ORDERED.

Dated: January 30, 2024  
New York, New York



ARUN SUBRAMANIAN  
United States District Judge

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

\_\_\_\_\_ CV \_\_\_\_\_ (\_\_\_\_) (\_\_\_\_)

Application for the Court to  
Request Pro Bono Counsel

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(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a “Request to Proceed in Forma Pauperis” (an IFP application)?  
Please check the appropriate box below:

I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.

I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.

I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

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4. If you need an attorney who speaks a language other than English, state what language(s) you speak: \_\_\_\_\_.
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

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Date

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Signature

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Name (Last, First, MI)

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Prison Identification # (if incarcerated)

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Address

City

State

Zip Code

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Telephone Number

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E-mail Address (if available)